UNITED
NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1993/L.5
24 February 1993

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1993 session

FOR ACTION

UNICEF POLICY ON FAMILY PLANNING

SUMMARY

The present report has been prepared in response to decision 1992/28 (E/ICEF/1992/14), in which the Executive Board requested the Executive Director to submit a policy paper on the involvement of UNICEF in family planning, taking into account the health of the child and the mother. The Board also urged UNICEF to enhance its cooperation with all involved agencies and organizations, particularly the United Nations Population Fund and the World Health Organization, as well as non-governmental organizations, in order to support family planning in the context of sustainable national health care systems. The Board stated that the paper should be presented at its 1993 session with a view to approving it prior to the International Conference on Population and Development in 1994.

After reviewing the evolution of the UNICEF policy on family planning and examining the relevance of family planning for child survival and development, the paper identifies certain key areas for UNICEF action. Enhancing the role and status of women, promoting safe motherhood and breast-feeding, supporting basic education and literacy, intensifying information, education and communication and providing appropriate support for family planning services are proposed as major areas for UNICEF cooperation. The synergistic effect of these activities, as well as support for the implementation of the goals and strategies for children in the 1990s endorsed by the World Summit for Children, will be the most effective contribution UNICEF can make in favour of family planning. The report suggests various ways of enhancing collaboration between UNICEF and other agencies. The recommendations include a reaffirmation of recent policy decisions taken by the Board, the institution of a system of periodic monitoring of inter-agency collaboration and continued support for family planning in the broader context of the well-being of children and women, in collaboration with other relevant agencies, each according to its mandate.

The policy and programme directions detailed in the report will be the basis for the active participation of UNICEF in the 1994 International Conference on Population and Development.

CONTENTS

		Paragraphs	Page
INTRODUCTION		1 - 4	3
I.	THE EVOLUTION OF THE UNICEF POLICY ON FAMILY PLANNING	5 - 13	3
II.	THE RELEVANCE OF FAMILY PLANNING TO CHILD SURVIVAL AND DEVELOPMENT	14 - 25	6
III.	SUGGESTED UNICEF ACTIONS FOR FAMILY PLANNING	26 - 46	8
	A. Enhancing the role and status of women	27 - 29	8
	B. Safe motherhood	30 - 32	9
	C. Breast-feeding	33 - 35	9
	D. Basic education and literacy	36 - 37	10
	E. Information, education and communication	38 - 41	10
	F. Support for family planning services	42 - 44	11
	G. Synergism of child survival and development and family planning	45 - 46	12
IV.	ENHANCING COLLABORATION WITH OTHER AGENCIES	47 - 51	12
V.	INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT	52 - 53	14
VI.	RECOMMENDATIONS	54	14

Annexes

I.	Common goals for WHO, UNICEF and UNFPA	16
II.	Examples of UNICEF cooperation in family planning	18

INTRODUCTION

1. The present report has been prepared in response to Executive Board decision 1992/28 (E/ICEF/1992/14) in which the Board requested the Executive Director to submit a policy paper on the involvement of UNICEF in family planning, taking into account the health of the child and the mother. The Board also urged UNICEF to enhance its cooperation with other agencies, in particular the United Nations Population Fund (UNFPA) and the World Health Organization (WHO), each within its own mandate, and non-governmental organizations (NGOs) at the field level. UNICEF was also requested to establish and monitor indicators of collaboration in order to support family planning in the context of sustainable national health care systems. The Board stated that the paper should be presented at its 1993 session, with a view to approving it prior to the International Conference on Population and Development to be held in Cairo, Egypt, in 1994.

2. The Executive Director welcomes the opportunity to summarize the UNICEF policy with regard to family planning and spell out what he believes to be an appropriate role for UNICEF in this very important but sensitive subject.

3. In recent years, UNICEF has been criticized for not being active enough in family planning and sometimes, worse still, for undermining the actions of those who are trying to reduce population growth through its successful pursuit of child survival. On the other hand, UNICEF has also been criticized by some for being too supportive of family planning. Some of these groups, especially those on the more extreme fringes, have even sought to portray UNICEF as supportive of abortion, notwithstanding the repeated denials of UNICEF.

4. The Executive Director hopes that this report and the ensuing debate in and decisions by the Executive Board will provide an authoritative response to those concerns and criticisms. He also hopes that the report will be able to indicate how the child survival and development (CSD) activities that UNICEF has been promoting play a vital role in reducing both mortality and fertility rates, thus contributing significantly to sustainable development.

I. THE EVOLUTION OF THE UNICEF POLICY ON FAMILY PLANNING

5. Family planning has been a subject of discussion at the UNICEF Executive Board since the early 1960s. In fact, one of the first comprehensive policy reviews on the subject undertaken by any major United Nations agency was held at the UNICEF Executive Board meeting in Addis Ababa, Ethiopia, in 1966. At that meeting, the Board discussed a report on "Family planning: report of the Executive Director on the possible role of UNICEF" (E/ICEF/L.1259). The thrust of the proposal contained in that report could be summed up in the phrase "responsible parenthood". While containing rapid population growth was the central concern of most advocates of family planning at that time, as it is even today, UNICEF saw "responsible parenthood" as a concept whose primary objective was to improve the survival, well-being and quality of life of the child, the mother and the family. As such, UNICEF viewed family planning as a logical extension of maternal and child health (MCH) services which, in turn, were part of a broader effort to improve the quality of family life through improving the

status of women, promoting literacy, raising the age at marriage and avoiding unwanted pregnancies.

6. The Executive Board first formally approved a UNICEF policy on family planning in 1967 on the basis of a report of the UNICEF/WHO Joint Committee on Health Policy which underlined the inextricable link between safe motherhood and spacing of child births (E/ICEF/556). Because of this link, the UNICEF contribution to family planning was provided primarily through strengthening MCH services. For example, UNICEF funded the training of hundreds of thousands of auxiliary nurse midwives and traditional birth attendants (TBAs), who continue to be the front-line workers for MCH services throughout the developing world.

7. At the first World Conference on Population in Bucharest, Romania, in 1974, UNICEF argued that the well-being of the existing children was the best persuasion that a mother need not bear more children. UNICEF also participated actively in the 1984 International Conference on Population in Mexico City, Mexico. It is worth noting that this conference was the first major international meeting to recognize explicitly the links between child survival and lower fertility rates. In its Plan of Action, the conference stated that through breast-feeding, adequate nutrition, clean water, immunization programmes, oral rehydration therapy and birth spacing, a virtual revolution in child survival could be achieved. The impact would be dramatic in humanitarian and fertility terms.

8. Indeed, the preparations for the 1984 population conference coincided with the articulation by UNICEF of a vision for a CSD revolution with a strategy known as "GOBI-FFF" (growth monitoring, oral rehydration, breast-feeding, immunization, food supplements, family spacing and female literacy) as its key interventions. Family spacing was a central theme of UNICEF in the 1980s. The contribution of child spacing to CSD has figured prominently each year over the last decade in the UNICEF State of the World's Children 1993 report.

9. Over the past three years, the Executive Board has clarified and helped to refine the UNICEF role in family planning in several major policy decisions. In decision 1990/2 (E/ICEF/1990/13), the Board approved the goals and strategies for children and development in the 1990s (E/ICEF/1990/L.5) and listed first among the five areas of focus of UNICEF activities integrated primary health care (PHC) with special emphasis on MCH, including safe motherhood and family planning. In its 1990 review of a UNICEF policy paper on safe motherhood (E/ICEF/1990/L.13), the Board took special note of the section dealing with child spacing and family planning. The need for UNICEF to support family planning actively was stressed by many delegations, who said that readily accessible family planning services and counselling on responsible parenthood would help to prevent unwanted pregnancies, reduce the high prevalence of abortions and lower the birth rate, thereby contributing to improved maternal health. In decision 1990/7 (E/ICEF/1990/13) on family planning, the Board recalled General Assembly resolution 44/210 of 22 December 1989 and the Amsterdam Declaration on A Better Life for Future Generations, and requested the Executive Director to include in his annual report a specific section on UNICEF efforts in the field of family planning, including child spacing, as an integral part of PHC. This decision stressed the necessity of full cooperation in the field of family planning between UNICEF and other relevant United Nations programmes, notably those of UNFPA and WHO, each within its own mandate.

10. Family planning figured prominently in the deliberations of the Executive Board in 1991. In decision 1991/11 (E/ICEF/1991/15) on the role of UNICEF in support of sustainable national health care systems, the Board welcomed the joint letter to staff of February 1991 of WHO, UNICEF, UNFPA and the United Nations Development Programme (UNDP) on MCH and family planning which encouraged further collaboration among these agencies, within their respective mandates. The Board urged that UNICEF activities for responsible planning of family size be effectively integrated into the country programming exercises of UNICEF, WHO, UNDP and UNFPA in accordance with national policies of Governments and with a view towards greater complementarity of approaches used. Furthermore, the Board requested UNICEF to continue to strengthen its cooperation with UNFPA, WHO and UNDP in accordance with their joint letter to field staff regarding MCH/family planning, with due respect for cultural, religious and social traditions of the countries concerned.

11. The dangerous spread of acquired immune deficiency syndrome (AIDS), particularly in Africa, with its devastating consequences for families, including children, was cited as an additional reason for UNICEF to intensify its cooperation in MCH/family planning, including the control of sexually transmitted diseases (STDs).

12. In addition to general support for MCH/family planning and UNICEF collaboration with WHO, UNFPA and others to promote it further, the development goals and strategies for children in the 1990s approved by the Executive Board include a specific goal of access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many. The same goal was endorsed in the Plan of Action of the World Summit for Children and later reaffirmed in Agenda 21 adopted by the United Nations Conference on Environment and Development in 1992.

13. The UNICEF medium-term plan for the period 1992-1995 (E/ICEF/1992/3) provides the latest policy statement on the UNICEF role in family planning. The plan stipulates that UNICEF work closely with other United Nations agencies, bilateral donors and NGOs in assisting developing countries to integrate activities for the responsible planning of family size into country programming in accordance with national policies and with a view to greater complementarity of approaches. Building on this principle of complementarity, UNICEF is to concentrate its cooperation in those areas in which it has some comparative advantage, specifically in information, education and communication (IEC) on birth spacing and responsible parenthood. During the plan period special emphasis is to be given to discouraging early marriage and early pregnancies.

II. THE RELEVANCE OF FAMILY PLANNING TO CHILD SURVIVAL AND DEVELOPMENT

14. The term "family planning" tends to arouse strong sentiments both for and against it. There are genuine philosophical, religious, cultural and policy differences among people of good will who would agree on the importance of birth spacing for the purpose of CSD, but who would differ strongly on the means used to achieve that objective. The World Summit for Children provided a helpful formulation in its Plan of Action, which states that couples should have access to information on the importance of responsible planning of family size and the many advantages of child spacing to avoid pregnancies that are too early, too late, too many or too frequent. The Plan of Action also stipulates that this and all other goals for children and development in the 1990s should be implemented with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, and with respect for cultural, religious and social traditions. This formulation helps to overcome many of the philosophical, religious and emotional barriers to a dispassionate discussion of this sensitive subject, thus facilitating a sensible policy review of the full range of benefits for child survival and national development that can result from the responsible planning of family size and birth spacing.

15. The 1992 State of the World's Children report summarized the benefits of responsible planning of births. First, family planning could save the lives of perhaps one fourth to one third of the 500,000 women who now die every year from causes related to pregnancy and child birth. It could also prevent unknown millions of disabilities, many of them painful, permanent, embarrassing and secret, which are the common consequence of high-risk and often unwanted births.

16. Second, family planning could prevent most of the more than 50,000 illegal abortions that are now performed on women every single day and result in the deaths of 150,000 young women every year. It could also greatly diminish the demand for abortions in countries where this practice is legal.

17. Third, family planning can drastically improve the quality of women's lives - in both the short and long term - by reducing the physical and mental burdens of having too many children too close together, or at too early or too late an age. It can increase the time available for child care, and for women's education, vocational training, income earning, community activities, personal development and the rest and leisure that are virtually unknown to millions of women in the developing world today.

18. Fourth, family planning could save the lives of several million children each year. It would prevent predominantly "high-risk" births which occur within two years of a previous birth, to mothers who are under 18 or over 35 years of age or who already have three or four or more children. Because the great majority of child deaths are associated with these risk factors, the well-informed timing and spacing of births would result in a far more than proportionate reduction in child deaths.

19. Fifth, family planning can significantly improve the nutritional health of children throughout the developing world. Fewer and more widely spaced births allow mothers more time for breast-feeding and weaning and help to prevent the

low birth weights that are strongly associated with malnutrition throughout the earliest years of life.

20. Sixth, family planning improves the quality of life for children. The quality of child care - including play and stimulation as well as health and education - inevitably rises as parents are able to invest more of their time, energy and money in bringing up a smaller number of children.

21. For all of those reasons, a renewed effort to put family planning at the disposal of all would advance not one, but many of the basic human goals for the year 2000 agreed to at the World Summit for Children.

22. Even if there were no such thing as a population problem, informing people about the importance of spacing of births and providing methods of family planning that are acceptable to people of various faiths and cultures would therefore be one of the most important human priorities for the 1990s. Indeed, such is the range of methods now available and such the experience that has been gained in recent years that responsible planning of family size can now be promoted and practised in ways that are sensitive to the religious and cultural values of almost all societies.

23. Family planning has many beneficial effects on CSD, but it is often not sufficiently understood that most CSD actions are complementary to birth spacing and family planning, which themselves will usually have a positive, often decisive, impact on lowering fertility rates and slowing population growth - the principal objectives of most family planning programmes.

24. While demographers continue to debate the sequence and causality of reductions in infant mortality and fertility rates, it is now generally accepted that a smaller family size improves the prospects for child survival and that improved child survival motivates couples to want to have fewer children. Research shows that these two forces interact with each other. The implications for policy are that reducing under-five mortality and lowering fertility have a powerful synergistic effect. For this reason, UNICEF during the 1980s urged measures of birth spacing and responsible planning of family size as part of CSD on the grounds that together, those actions would induce a spiral effect, reducing infant and child mortality that would be accompanied by even greater reductions in fertility.

25. This combined strategy was specifically endorsed by the World Summit for Children, which in its Plan of Action stated that an added benefit of promoting MCH programmes and family planning together is that, acting synergistically, these activities help to accelerate the reduction of both mortality and fertility rates and contribute more to lowering rates of population growth than either type of activity by itself.

III. SUGGESTED UNICEF ACTIONS FOR FAMILY PLANNING

26. UNICEF can contribute to the broad objectives of family planning - responsible planning of family size, safe motherhood, reduction of child mortality and fertility rates and overall well-being of families - through several interrelated interventions. The precise nature and scope of UNICEF support will vary from country to country, depending on the situation of each country, its development policies and priorities, the contributions of its other development partners and an analysis of the UNICEF comparative advantages in that country at that particular point in time. Broadly speaking, the principal areas of UNICEF collaboration are described below.

A. Enhancing the role and status of women

27. Of all the factors associated with declining birth rates and improving the well-being of children, the one that is perhaps most closely and consistently correlated is improvement in the lives of women, especially their level of education. Enhancement of the status of women and their improved access to education, training, credit, health care and other basic services are the keys to empowering them to make informed decisions on responsible planning of family size. Women's economic status and the opportunity and ability to earn an income often determine the way societies and families view them, which in turn influence fertility patterns and family size.

28. Efforts for the enhancement of women's status and their role in development must begin with the girl child. The discriminatory treatment of girls during their childhood has a long-term negative impact on their well-being as women, which in turn is passed on to the next generation. For all these reasons and more, one of the greatest contributions UNICEF can make in family planning is to intensify its cooperation for programmes for women in development.

29. Enhancing the role and status of women has indeed been a major objective of UNICEF cooperation since the 1970s. Ten of the 27 goals endorsed by the World Summit for Children single out specific attention to girls and women, while all others refer to equitable progress for all children, with explicit references to gender-sensitive strategies. The current medium-term plan (E/ICEF/1992/3) calls for priority focus on the girl child in all UNICEF-assisted country programmes, with particular attention given to the education of girls, reducing the incidence of early marriage, pregnancy and motherhood, and changing social attitudes of preference for sons.

B. Safe motherhood

30. Every year at least 500,000 women die from causes related to pregnancy and child birth. For each of these 500,000 maternal deaths, it is estimated that 15 to 20 women suffer some form of life-long disability. Furthermore, when a mother dies, in most cases her infant has a very high risk of dying. Around one fourth of maternal deaths are due to abortions and another one fourth to complications common in ill-timed, high-risk pregnancies. This horrendous death toll could be prevented through effective MCH and family planning programmes that enabled couples to plan responsibly their family's size and the spacing of births.

31. The World Fertility Survey and other research show that as many as one third of pregnant women stated that they would have preferred not to have another baby. This suggests that if all women in the developing world who do not wish to become pregnant were empowered to exercise that choice, the rate of population growth would fall by some 30 per cent, quite apart from further reductions that this first change might set in motion over time. With such prospects for both reduction in mortality and fertility, it seems imperative that all couples should have the right and means to choose responsibly and to plan when or when not to get pregnant. The means to avoid pregnancy will vary by culture and country, but the right to do so must be universal.

32. UNICEF is committed to helping developing countries achieve the goal of reducing maternal mortality by one half during the 1990s. This goal will be pursued in the context of the safe motherhood initiative. The provision of prenatal care, clean delivery and post-natal services, reducing the transmission of the human immunodeficiency virus (HIV) and STDs, improving women's health and nutrition, and promoting responsible planning of family size and child spacing will be the key areas of UNICEF action.

C. Breast-feeding

33. In many societies with high fertility, a major factor influencing the interval between two births is whether the mother breast-feeds her baby. Suckling is associated with a natural inhibition of ovulation. It is believed that in Asia and Africa, breast-feeding averts an average of four potential births per woman. While breast-feeding, like most other methods of family planning, is not a wholly reliable method of preventing conception, historically it has been one of nature's important means of ensuring birth spacing.

34. Enabling all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year is one of the goals for children and development in the 1990s endorsed by the World Summit for Children. UNICEF is committed to pursuing this goal as it will significantly reduce infant and child mortality as well as malnutrition and infection. Breast-feeding also contributes to women's health by reducing the risk of breast and ovarian cancer and by increasing the space between pregnancies.

35. One important strategy for achieving the breast-feeding goal is the WHO/UNICEF "baby-friendly" hospital initiative. The purpose of the initiative

is to persuade hospitals and maternity services to follow practices that encourage and help mothers to breast-feed, including keeping newborn babies in the same room as their mothers, rejecting the use of feeding bottles, discontinuing free or low-cost supply of infant formula products and supporting families with information on the many advantages of breast-feeding. This initiative is showing considerable success throughout the world. UNICEF considers it to be part of its contribution to responsible planning of family size.

D. Basic education and literacy

36. In addition to its intrinsic value, education helps to enhance the social status and self-image of men and women and makes them more receptive to change and to new ideas. Women's education and literacy have a particularly dramatic effect on the health and well-being of their children and families. Women who have attended school are more likely to reject harmful traditional practices, to seek and use health services and to see the need for family planning. Women with more schooling tend to marry later and to delay pregnancy and child-bearing, and they are more likely to opt for a small family norm. Research indicates that women with no schooling have almost twice as many children, on average, than those who have attended school for seven or more years.

37. For the above reasons, basic education and literacy are among the most important determinants of responsible planning of family size and of child spacing. UNICEF attaches very high priority to expanding universal access to basic education, and achievement of primary education by at least 80 per cent of primary-school-age children through formal schooling or non-formal education, with an emphasis on reducing the current disparities between boys and girls. The reduction of adult illiteracy by one half, with an emphasis on female literacy, is another stated goal of UNICEF emanating from the World Summit for Children. Progress in the achievement of these goals, which UNICEF is supporting actively as part of its country programmes in virtually all developing countries, will have a profound impact on greater acceptance of family planning and the small family norm throughout the developing world.

E. Information, education and communication

38. Advocacy and social mobilization have been crucial instruments in UNICEF efforts to promote CSD in the 1980s and early 1990s. Many consider these to be the special strengths of UNICEF and one of its comparative advantages vis-à-vis other development agencies. UNICEF could bring to bear its considerable skills in this area in a related field known in the international family planning community as IEC.

39. Perhaps the greatest potential for a breakthrough in family planning lies in more effective IEC. Today, there are an estimated 300 million couples in the world who do not want any more children, but who are not using any effective means of preventing pregnancy. An effective IEC programme, together with adequate MCH/family planning services, could empower these couples and many others to avoid unwanted pregnancies.

40. One of the remarkable changes that has taken place in many developing countries over the last 10 to 15 years is that the number of children desired by couples is continuing to decline significantly. More importantly, women's desire for lower fertility has been documented in diverse socio-economic settings with different levels of infant and child mortality and societal progress. Thus, the desired family size in developing countries averaged 4.5 children in the 1970s, but only 3.5 children in the 1980s. Effective IEC could help to translate this latent desire into reality by empowering couples to avail themselves of the knowledge and services to control their fertility.

41. Today's power of information and communication is insufficiently tapped and the multiple channels for delivery of family planning services grossly underutilized. Working with other agencies within their respective areas of particular competence, UNICEF could help to accelerate the goal of responsible planning of family size as enunciated by the World Summit for Children, ensuring access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many. The publication Facts for Life, produced and disseminated by UNICEF and WHO, the United Nations Educational, Scientific and Cultural Organization, UNFPA and over 100 NGOs, provides a good example of an effective IEC intervention that includes messages on birth spacing. This publication is now available in over 140 language editions. As with Facts for Life, all IEC material on family planning, which is a very private decision of individuals and couples, must show great sensitivity to and respect for people's cultural, religious and social traditions.

F. Support for family planning services

42. UNICEF may assist Governments in the provision of family planning services when it is identified jointly by the Government and UNICEF as an appropriate area for UNICEF cooperation, in collaboration with WHO, UNFPA and other agencies, in accordance with the mandate of each. As stated in the Plan of Action of the World Summit for Children, UNICEF support for all goals for children and development in the 1990s, including the goal of access by all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many, will be implemented with appropriate adaptation to the specific situation of each country in terms of phasing, standards, priorities and availability of resources, and with respect for cultural, religious and social traditions.

43. UNICEF support for family planning is usually an integral part of each country's MCH services and includes education, training and logistical support for the delivery of such services. UNICEF, as a matter of practice, does not provide contraceptive supplies from its resources as Governments rely on other sources for the provision of such supplies.

44. As a matter of policy, UNICEF does not advocate any particular method of family planning, as such issues are more appropriately decided by individuals, using information and services available to them in their countries and communities, and in accordance with their development policies and social, religious and cultural values. UNICEF has never provided support for abortion and it continues to be the long-standing UNICEF policy not to support abortion as a method of family planning.

G. Synergism of child survival and development and family planning

45. The greatest contribution of UNICEF to family planning will be not chrough actions in any one of the above individual areas, in spite of their great importance, but rather through the synergistic impact of these and other actions. Thus, women's advancement will make family planning more likely and family planning will reduce both child births and child deaths, which will in turn lead to more healthy families. Similarly, basic education empowers people with knowledge of better nutrition and health practices and with receptivity to new ideas, including greater acceptance of family planning. Improvement in health and education paves the way for greater productivity and economic progress, leading eventually to a small family norm.

46. All these webs of mutually reinforcing synergistic actions lead inevitably over time to a downward spiral of lower fertility and lower mortality. Vigorous pursuit and achievement of the goals of the World Summit for Children in their totality would make a greater and more sustainable contribution to reducing population growth than any single family planning intervention. The persistent advocacy and practical support by UNICEF for the follow-up to the goals and strategies for children in the 1990s are, therefore, likely to be its most effective contribution to family planning in the long run.

IV. ENHANCING COLLABORATION WITH OTHER AGENCIES

47. UNICEF pursues its support for family planning in close coordination and collaboration with UNFPA. As UNICEF cooperation in this area is often an integral part of MCH services, close cooperation is also maintained with WHO. The three agencies have complementary but distinct roles based on their respective mandates and comparative advantages. In the field of MCH/family planning, the objectives of WHO, UNICEF and UNFPA converge in relation to shared goals for women and children in the 1990s. As illustrated in annex I, WHO, UNICEF and UNFPA agreed in May 1990 on common goals in the areas of MCH and family planning for the year 2000, based on the Declaration of the World Summit for Children and the Amsterdam Declaration, adopted by the International Forum on Population in the Twenty-first Century.

48. In February 1991, a joint letter on MCH and family planning was issued to their staff by the heads of UNDP, UNFPA, UNICEF and WHO. The letter emphasized the complementary and mutually supportive role of each agency in support of the common goals enunciated in the Declaration and Plan of Action of the World Summit for Children, the Amsterdam Declaration, WHO goals relevant to MCH/family planning as approved by the World Health Assembly and the growing concerns of UNDP for human development. These common goals offer the substantive basis upon which concrete UNDP/UNFPA/UNICEF/WHO collaboration can be built in support of country programmes. In the joint letter, the heads of the four agencies identified several specific areas for collaborative action at the country level, including management and coordination; needs assessment; situation analysis and programme evaluation; monitoring in relation to goals; activities in support of improving the status of women, particularly education and training; activities for the prevention and control of HIV/AIDS in MCH/family planning programmes;

training of various categories of MCH/family planning personnel; provision of essential drugs by UNICEF and WHO and contraceptives supplied by UNFPA; development of an integrated, holistic approach to specific intervention technologies as an integral part of the health system infrastructure (MCH/family planning, HIV/AIDS and STD control programmes, immunization, control of diarrhoeal diseases (CDD) and acute respiratory infections (ARI) and nutrition programmes); and the formulation of joint strategies for implementation and monitoring of the impact of interventions on the health and well-being of mothers and children.

49. Collaboration between UNICEF and UNFPA has been greatly facilitated by the articulation of these common goals as well as the complementarity of their mandates and activities. This convergence is further reinforced by the fact that both agencies draw upon the same source of consistent technical and policy guidance from WHO. Thus, both agencies provide training for various categories of health personnel, seek to sensitize potential care providers outside the health sector and strengthen the networks that provide health services and improve the quality of health care. Similarly, UNICEF and UNFPA emphasize the community-based delivery of services and engage in a wide range of awareness creation, social mobilization and education activities, often targeting the same parents and couples, service providers and communities at large. Since related target groups are being reached by UNICEF and UNFPA, this provides an excellent opportunity to synchronize and coordinate these efforts so as to help Governments deliver a more comprehensive package of integrated interventions and so that the inputs of one agency reinforce those of the other. For example, UNICEF programmes related to immunization, CDD and ARI should also be part of an overall national PHC plan, including its MCH/family planning components. Likewise, where UNFPA supports family planning interventions, these should be part of a comprehensive national MCH/family planning strategy.

50. A more comprehensive review of collaborative activities and programming between UNICEF and UNFPA is found in the joint report of the Executive Directors of UNICEF and UNFPA to their respective governing bodies presented in 1992 (E/ICEF/1992/L.13).

51. In decision 1992/28 (E/ICEF/1992/14), the Executive Board requested that UNICEF establish and monitor indicators of collaboration with UNFPA, WHO and other agencies in family planning in the context of sustainable national health care systems. UNICEF proposes to develop and refine such indicators in the light of more practical experience in coming years. It is suggested that the following be considered for further consultation with other agencies, especially WHO and UNFPA:

(a) The number of UNICEF country offices that have had a policy programme discussion with UNFPA and WHO during the preceding 12 months, focused on inter-agency collaboration in support of MCH/family planning;

(b) The number of countries in which UNFPA and WHO technical advice and support has been sought in developing the UNICEF country programme, and vice versa;

(c) The number of countries in which UNICEF, UNFPA and WHO have collaborative programmes that are harmonized in terms of programme cycles;

(d) The number of country offices in which UNICEF has participated in UNFPA country programming missions and tripartite reviews;

(e) The number of country offices in which UNFPA and WHO have participated in the UNICEF country programme strategy, review and evaluation meetings.

V. INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT

52. UNICEF participated actively in the first World Conference on Population in Bucharest in 1974 and in the second conference in Mexico City in 1984. It proposes to play an active role both in the preparatory process and at the International Conference on Population and Development to be held in 1994 in Cairo, Egypt.

53. The present report on the UNICEF policy on family planning will be the basis for the UNICEF input into the proposed fourth review and appraisal of the World Population Plan of Action. UNICEF will also share its experience on the follow-up to the World Summit for Children in any future revision and updating of the World Population Plan of Action. The synergism between reduction in mortality and fertility that was first recognized at the Bucharest Conference and later reaffirmed at the Mexico Conference has since been confirmed in the Plan of Action of the World Summit for Children and Agenda 21. National programmes of action for children, which have been formulated in some 80 countries and are under preparation in another 60, highlight this synergism and offer hope for rapid progress in the twin human goals of reducing mortality and fertility. UNICEF looks to the Cairo Conference as another important milestone for promoting the well-being of the world's children and will participate accordingly.

VI. RECOMMENDATIONS

54. The Executive Director recommends that the Executive Board approve the following policy guidelines for UNICEF cooperation in family planning and:

(a) Reaffirm that UNICEF cooperation in family planning should be consistent with policies approved by the Board in recent years, inter alia, the medium-term plan (E/ICEF/1992/3), safe motherhood (E/ICEF/1990/L.13) and the report on collaborative programming activities of UNICEF and UNFPA (E/ICEF/1992/L.13);

(b) Urge the Executive Director to include support for family planning, when it is jointly identified by the Government and UNICEF as an appropriate area for UNICEF cooperation, in collaboration with WHO, UNFPA and other partners, each according to its mandate;

(c) Request the Executive Director to institute a system of periodic monitoring of the indicators of UNICEF collaboration with other partners as listed in paragraph 51 above;

(d) Invite the governing bodies of WHO, UNFPA and other concerned United Nations agencies to encourage that these agencies collaborate fully with UNICEF CSD efforts as part of their support for family planning and related activities in developing countries;

(e) Request the Executive Director to include information on the implementation of this decision in his annual progress report to the Executive Board.

Annex I

COMMON GOALS FOR WHO, UNICEF AND UNFPA a/

The following goals for the health and development of women and children are common to WHO, UNICEF and UNFPA. These goals reflect existing policies of our organizations. With respect to WHO and UNICEF, they have recently been reviewed by the WHO/UNICEF Joint Committee on Health Policy and expressed as the WHO/UNICEF common goals for the next United Nations development decade. The most recent expression of these goals by UNFPA is found in the Amsterdam Declaration adopted by the International Forum on Population in the Twenty-first Century (6-9 November 1989, Amsterdam).

Each of our organizations has additional policies bearing on the health and well-being of women and children. While these additional policies may not be expressed explicitly in the policies and programmes of the other agencies, they none the less are usually consistent with the approaches and objectives of the other agencies and, implicitly, are complementary to our common goals. We therefore draw your attention to these other policies as well, in order that our respective staffs are familiar with them and take them into account in the planning and implementation of coordinated and complementary support to national programmes for maternal and child health and family planning.

We have included under the rubric of "goals" statements that many would consider as "approaches". We have done this intentionally to emphasize the point that the processes by which the goals are attained are often as important as the goals themselves, particularly if the concepts of self-reliance and sustainability in development are to be realized.

(1) Between 1990 and the year 2000, reduction of maternal mortality rate by 50 per cent;

(2) Between 1990 and the year 2000, reduction of infant and under-five child mortality rates in all countries by one third or to 50 and 70 per 1,000 live births respectively, whichever is less;

(3) Access by all couples, especially women, to family planning information and services, so as to avoid pregnancies that are too early, too late, too many or too frequent during a woman's reproductive cycle;

(4) Enable virtually all women to exclusively breast-feed their child for four to six months and to continue breast-feeding with complementary food well into the second year;

(5) By the year 2000, universal access to and completion of primary education by at least 80 per cent of primary-school-aged children, and reduction of adult illiteracy rate (the appropriate age-group to be determined in each country) to at least one half its 1990 level, with emphasis on female literacy;

---

a/ As adopted in May 1990 by WHO, UNICEF and UNFPA.

(6) The most urgent priority in education is to ensure access to, and improve the quality of, education for girls and women, and to remove obstacles that hamper their active participation.

Annex II

EXAMPLES OF UNICEF COOPERATION IN FAMILY PLANNING

1. All UNICEF-assisted programmes contribute significantly to the objectives of family planning programmes through their synergistic impact on lowering child mortality, improving the quality of life and enhancing the status of women, all of which are conducive to a small family norm. In the more narrow area dealing primarily with MCH/family planning, the following are some examples of UNICEF cooperation in family planning as part of its country programmes.

2. In Bangladesh, the Government shows a strong commitment to family planning. UNICEF, UNFPA and WHO collaborate with the Government on a major advocacy effort to promote raising the mean age of marriage and lengthening the interval between births. UNFPA and UNICEF have been supporting national efforts for the promotion of breast-feeding. Besides its other benefits, it is believed that lactation amenorrhoea contributes significantly to protection from conception in Bangladesh.

3. A major forum of collaboration is the Fourth Population and Health Project, funded by the World Bank and the local consortium of donors. UNICEF, WHO and UNFPA participated in appraisal and review missions and collaborate in the implementation of specific projects.

4. Access to family planning information and services has been increasing rapidly in Bangladesh. It is interesting to note that family welfare assistants responsible primarily for providing family planning services have found a substantial increase in new acceptors following their involvement in child immunization in the villages they serve. These field workers have been much more effective in their family planning work when they devoted one or two days a week to providing immunization services.

5. In Ghana, the safe motherhood project is supported by UNICEF in three of the country's 10 regions. The remaining seven regions are supported by UNFPA and the United States Agency for International Development (USAID). This programme entails the training of TBAs in safe delivery practices at the village level. The training of midwives in life-saving skills began with a view to enhancing their effectiveness in dealing with complications during childbirth. The training of TBAs and midwives in this programme is expected to increase the demand for family planning services.

6. In Indonesia, the director of the national family planning agency recently reconfirmed that Indonesia did not need UNICEF assistance in direct family planning measures (i.e., provision of contraceptives or logistics and delivery support). However, the agency is convinced of the importance of lowering infant mortality and improving MCH to the achievement of family planning goals and believes its longstanding active partnership with UNICEF remains of great importance in this regard.

7. In the Islamic Republic of Iran, the Government has shown a strong political commitment to family planning. The government programme includes the integration of family planning with the PHC network; the provision of low-cost

contraceptives; the extensive use of media for health education; and the involvement of other sectors including education.

8. The role of UNICEF in this programme has been mainly in the area of health education and advocacy. Posters, folders and brochures have been printed and distributed by the Ministry of Health and Medical Education. UNICEF has also assisted in a knowledge, attitude and practices study (KAP) in 24 provinces to identify the factors aiding and hindering acceptance of family planning and the role of the husband and community in supporting family planning.

9. UNICEF assisted the Population Department in setting up a national training centre. It works closely with UNFPA in the safe motherhood programme, particularly in the training of rural midwives.

10. Of the 14 million couples in Mexico, 8.3 million practise some method of family planning. The practice of birth spacing receives priority attention from the Government which through the National Population Council carries out measures aimed at reducing population growth. These measures take into consideration aspects of women's protection and education as a means of achieving safe motherhood. UNICEF supports educational training and communication activities aimed at the community. Some 252,000 community health promoters and 24,000 health workers and 3,400 traditional midwives have been trained in the fundamentals of reproductive health and family planning. In addition, 1.1 million copies of Facts for Life, which includes a section on birth spacing, have been distributed (600,000 through the education system).

11. Mexico is a good example of a country which managed in the 1980s to lower substantially both under-five mortality and fertility rates, thanks to a vigorous programme of CSD and family planning working synergistically.

12. Due to a conscious decision by the United Nations agencies in Nepal to coordinate their efforts, more substantive donor collaboration has developed. UNICEF and UNFPA shared information during project formulation in the areas of health and family planning. The parameters of collaboration are reflected in the new country programming cycles (1992-1996), which demonstrate the manner in which each agency concentrates its inputs to areas of its specific mandate and competence.

13. UNICEF and UNFPA have started a major collaboration in programme planning and implementation to encourage both smaller families and healthier children. The aim of this cooperation is also to reduce maternal mortality, which is very high in Nepal. Elements relevant to MCH and family planning have been woven into various aspects of the UNICEF programme of cooperation with the Government, including health, education and poverty alleviation programmes. These efforts were made possible because of a special project financed jointly by UNICEF and UNFPA aimed specifically at coordination between the two agencies.

14. An example of this collaboration has been the agreement between UNICEF and UNFPA to help revise a field workers manual developed in the early 1980s. UNFPA, UNICEF and Redd Barna, an NGO, jointly sponsored the evaluation of TBA training. The promotion of MCH and family planning through TBAs has been assessed positively. Regular inter-agency meetings involving UNICEF, WHO and UNFPA on health and IEC are convened to determine the most suitable operational

methods of collaboration with the Government in the training of health-related volunteers and personnel, improving the supply and logistics of essential drugs and the supply of contraceptives and promoting IEC activities to raise the age of marriage and to delay the first pregnancy.

15. In the Philippines fourth country programme for children for the period 1994-1998, the programme strategy on women's health and safe motherhood includes the development and distribution of IEC materials on MCH/family planning; the promotion of family welfare and responsible parenthood through a package of services which includes education and training in fertility awareness; and the organization of women's groups for peer group discussion on topics including family planning.

16. Special surveys, such as community diagnosis of Mountain Province, in which UNICEF participated, provide data on family planning KAP. A UNFPA-supported project on family planning and safe motherhood and women's enhancement is being implemented in 25 selected poor urban areas served by the UNICEF-assisted urban basic services programme.

17. In Sri Lanka, the MCH infrastructure that delivers family planning services is strongly supported by UNICEF. WHO and UNFPA collaborate with UNICEF in family planning in areas of information exchange and coordination of projects and programmes related to family planning.

18. Where the health structure is integrated, as in this instance, UNICEF activities in strengthening MCH concurrently strengthen the family planning programme.

19. In the United Republic of Tanzania, UNICEF encourages and supports advocacy for family planning as part of the safe motherhood initiative, which has broad inter-agency support from WHO, UNFPA, UNDP, the World Bank and UNICEF. In all community-based programmes supported by UNICEF, special efforts are made to reinforce the importance of child-bearing at an appropriate age and with adequate spacing. UNICEF cooperation complements the substantial support provided by UNFPA and USAID for the national family planning programme.

20. The Ministry of Public Health of Tunisia has undertaken the task of integrating family planning into the network of MCH services and the training of health personnel at national and subnational levels, in cooperation with the World Bank and UNICEF. The UNICEF experience in promoting the integration of immunization programmes with strengthening of the PHC infrastructure has been valuable in this context.

21. In Viet Nam, UNICEF has in the past limited its assistance in the field of family planning to supporting the government programme for training midwives and assistant physicians in the provision of MCH and family planning services. In view of the high level of induced abortions and its detrimental impact on women's health and well-being, UNICEF is reviewing its programme to develop a joint UNICEF/UNFPA programme for maternal (and neonatal) health care and family planning, which could go a long way towards reducing this hazard.

22. In Zimbabwe, UNICEF is currently developing a new under-five mortality reduction strategy, which has a large safe motherhood component. This is being developed in collaboration with WHO and UNFPA and will be operational in 1994.

23. Under the AIDS prevention programme, a major focus is to educate school children about responsible sexual behaviour, which includes information on human reproduction and family planning. Changes in the secondary school curriculum to accommodate these concerns are currently being discussed. This programme has been developed with the Ministry of Education, the National AIDS Control Programme and WHO.

24. It should be evident from the above examples that UNICEF plays a significant role in MCH/family planning in close collaboration with other partners, most notably WHO and UNFPA. The respective roles of each agency are clearly defined in these collaborative programmes. Thus, in most instances WHO provides technical advice and UNFPA provides support for training demographic studies and census, assistance for women in development activities and supplies of contraceptives, while UNICEF provides training, education, information, medical supplies, equipment and essential drugs for MCH services.

25. While it is difficult to quantify UNICEF expenditure in support of family planning because of the multifaceted nature of the many determinants of fertility and of actions conducive to birth spacing, a rough estimate following the classification system adopted for the World Population Plan of Action and used by UNFPA and the United Nations Population Division indicates expenditures of $35.5 million in 1990 and $41.7 million in 1991. These account for approximately 6 to 7 per cent of UNICEF annual programme expenditures for those years, respectively. The following table gives a breakdown of these estimates.

UNICEF expenditure on family planning and related activities

(In thousands of United States dollars)

	1990		1991	
	Amount	%	Amount	%
Population sectors				
The role and status of women	3 935	13.5	4 044	11.3
Goals and policies				
Morbidity and mortality	24 508	84.0	30 868	85.9
Reproduction, the family and family planning	726	2.5	1 026	2.9
Subtotal	29 169	100.0	35 938	100.0
Functions in the field of population				
Counselling and guidance	775	12.2	1 046	18.1
Training	4 151	65.4	3 255	56.2
Dissemination/communication	1 422	22.4	1 490	25.7
Subtotal	6 348	100.0	5 791	100.0
Total	584 330	100.0	591 091	100.0